Idaho Ryan White Part B/ ADAP Policies Manual FY 2012

Developed by Mountain States Group, Inc.in partnership with the Family Planning, STD and HIV Programs of the Idaho Department of Health and Welfare





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SECTION I: PROGRAM OVERVIEW

1. Ryan White HIV/AIDS Program

The Ryan White HIV/AIDS Program, which was enacted in 1990, follows the core medical services requirement of Health Services and Resources Administration (HRSA), the federal administrative agency of the Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009.

Reflecting the changing epidemic, the Ryan White HIV/AIDS Treatment Modernization Act of 2006 emphasized providing life-saving and life-extending services for people living with HIV/AIDS. Part B of the 2006 Act provides grants to all fifty States, the District of Columbia, Puerto Rico, Guam, the U.S. Virgin Islands, and five U.S. Pacific Territories. Funding is distributed *via* formula and other criteria. Part B grants include a base grant, the AIDS Drug Assistance Program (ADAP) earmark, ADAP supplemental grants and grants to states for Emerging Communities (reporting between 500 and 999 cumulative reported AIDS cases over the most recent five years).

HRSA requires that Ryan White Program grantees assure that the core medical services are adequately met before spending resources on other support services. Per HRSA policy, remaining funds may be spent on support services, defined as services needed to achieve outcomes that affect the HIV-related clinical status of a person with HIV/AIDS.

Ryan White Part B (RWPB) funds must be used to fund 75 percent of core medical services, which can include any of the following depending on state program decisions:

- Outpatient/Ambulatory Medical Care
- AIDS Drug Assistance Program
- AIDS Pharmaceutical Assistance
- Early Intervention Services
- Oral Health Care
- Health Insurance Premium and Cost Sharing Assistance
- Home Health Care

- Home & Community Based Health Services
- Hospice Service
- Mental Health Services
- Medical Nutritional Therapy
- Medical Case Management Services
- Substance Abuse Services Outpatient

The remaining 25 percent must fund support services that are needed for individuals with HIV/AIDS to achieve their medical outcomes. Support services may include the following:

- Case Management (non-medical)
- Child Care Services
- Emergency Financial Assistance
- Food Bank/Home-Delivered Meals
- Health Education/Risk Reduction
- Housing
- Legal Services
- Linguistic Services
- Medical Transportation Services

- Outreach Services
- Psychological Support Services
- Referral for Health Care/Supportive Services
- Rehabilitation Services
- Respite Care
- Treatment Adherence Counseling (by non-medical personnel)
- Residential Substance Abuse Treatment

The Idaho Medical Case Management Program follows the core medical services requirement of HRSA.

2. Idaho Ryan White Part B Program Goals and Objectives

The primary goals of HIV Medical Case Management are as follows:

- 1) Develop and maintain a continuum of care
- 2) Promote self-sufficiency
- 3) Enhance the quality of life for Persons Living With HIV/AIDS (PLWHA)

Ryan White Program services are intended to:

- To promote a single point of access for a variety of health and human services;
- To develop Wellness Plan(s) with the client;
- To link the individual's specific needs to the most effective services at the most effective time:
- To identify gaps in services and to broker community resources to address service needs:
- To advocate on the behalf of clients for availability, timeliness, effectiveness, and appropriateness of services;
- To reduce the fragmentation and duplication of services;
- To contain costs through efficient utilization of services; and
- To monitor and review the client's needs and progress in relationship to the Wellness Plan and to modify the plan as necessary.

RWPB funds are administered by the Idaho Department of Health and Welfare's Family Planning, STD and HIV Programs (FPSHP) through a series of contracts with community-based organizations and health departments.

The FPSHP RWPB administers Idaho's AIDS Drug Assistance Program (ADAP) funded in part by RWPB ADAP Earmark funds, ADAP Supplemental Funding, and State General Funds. The National Association of State and Territory AIDS Directors (NASTAD) negotiates pricing of anti-retrovirals drugs with the pharmaceutical companies who manufacture them. A state or territory ADAP may negotiate with a pharmacy provider for the 340B Public Health pricing and the NASTAD negotiated pricing and pay a dispensing fee for each client. Another way to access 340 B- and NASTAD-negotiated pricing is to pay full price charged by a wholesaler or other method of dispensing and submit for rebates from the pharmaceutical companies on a quarterly basis. Idaho participates in the Drug Rebate Program to ensure correct pricing for the anti-retrovirals on the program's formulary. For formulary information, please go to the following website link: www.safesex.idaho.gov (under "HIV Care and Treatment")

FY 2012 contracts with providers allow for the following services:

- 1) Medical Case Management
- 2) Emergency Financial Assistance
- 3) Medical Transportation

Although RWPB has only allocated funding to the above listed services, additional RW funded services may exist in your area through RWPC, HOPWA Programs, or other local funding sources.

3. HIV Medical Case Management Site Directory

Unless otherwise indicated, all HIV RWPB Program correspondence should be directed to this address:

Idaho Department of Health and Welfare Bureau of Clinical and Preventive Services Family Planning, STD and HIV Programs 450 W. State Street, 4th Floor P.O. Box 83720 Boise, Idaho 83720-0036

Attn: Ryan White Part B Program Coordinator

Contact the RWPB Coordinator by telephone at (208) 334-6527. Facsimiles can be directed to the attention of the *Ryan White Part B Program Coordinator* at (208) 332-7346.

As of May 1, 2012, there are five standard RWPB Medical Case Management sites located at the following organizations:

ORGANIZATION	PHONE
North Idaho AIDS Coalition (NIAC) (Coeur d'Alene)	(208) 665-1448 or
Inland Oasis (Moscow)	1-866-609-1774 (208) 596-2701
Centro de Comunidad y Justicia	
(Center for Community Justice) (Boise)*	(208) 378-1368
Southeastern District Health Department (Pocatello)	(208) 234-5885
Eastern Idaho Public Health Department (Idaho Falls)	(208) 522-0310

^{*}Provides Medical Case Management Services for clients in District and Spanish-speaking clients in District 4

Ryan White Part C-funded clinics providing HIV care to Idaho Residents include the following:

ORGANIZATION	PHONE
Family Medicine Residency of Idaho, Wellness Center- serving clients in Southern Idaho	(208) 514-2505
Pocatello Family Medicine (Wellness Center Satellite Clinic)- serving clients in Southeastern Idaho	(208) 282-4700
Community Health Association of Spokane (CHAS)- serving Idaho residents in Northern Idaho	(509) 444-8200

PLEASE NOTE: ALL RWPB MEDICAL CASE MANAGEMENT FORMS MAY BE ACCESSED AND DOWNLOADED FROM THE FOLLOWING WEBSITE: www.safesex.idaho.gov

CLICK ON "HIV CARE AND TREATMENT."

FORMS ARE LOCATED IN THE COLUMN ON THE RIGHT. (Please see Administrative Polices, Idaho Ryan White Medical Case Management Forms and Policies and Procedures Manual for further information in Section IV.)

SECTION II: CLIENT INTAKE

1. Client Eligibility

Client eligibility is determined by the Ryan White CARE Act (PL 104-146) Sect. 2617 4B (II), HRSA/HAB Program Policy Notice No. 97-01 and the RWPB Policies Manual. The purpose of this policy is to ensure compliance with applicable federal policies for eligible clients receiving RWPB funding. This policy identifies client eligibility requirements and limitations for individuals applying for RWPB funding. States are required to "ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service under any State compensation program, under an insurance policy, or under any Federal or State health benefits program" (from federal policy cited above).

Additionally, each state may adopt their own eligibility guidelines and rules, provided those guidelines and rules do not go beyond or further restrict the federal guidance. Idaho Department of Health and Welfare Administrative Rules 16.02.05, Rules Governing Human Immunodeficiency Virus (HIV) Related Services states the Departments current rules for RWPB and ADAP eligibility for persons seeking assistance in Idaho. The last legislative update of the Idaho Department of Health and Welfare, Rules Governing HIV Related Services, 16.02.05, was completed in May of 2003. The RWPB Programs are still required to follow the eligibility guidelines though the allowed services stated in rule have changed considerably since the passage of the Ryan White Treatment Modernization Act of 2006.

The following client eligibility guidelines are applicable to all services available through Idaho RWPB funding. The FPSHP RWPB Program Coordinator is responsible for final eligibility determination.

Participant Eligibility Requirements:

- 1) Client must be HIV positive and documentation (previous medical records, HIV Western Blot results, CD4+ counts) substantiating their HIV status must be on file with the contracting/subgrantee organization providing RWPB funded services (IDAPA 16.02.05)
- 2) Client must have an Idaho address and reside in the state (IDAPA 16.02.05).
- 3) Client must meet current income eligibility guidelines requiring that a client's income must fall below 200 percent of the Federal Poverty Guidelines for ADAP, Medical Transportation and labs
- 4) Client must meet current income eligibility guidelines requiring that a client's income must fall below 500 percent of the Federal Poverty Guidelines for Medical Case Management services
- 5) Inmates of the State, or Federal Corrections system and immigration detainees, are not eligible for services under the RWPB Program (IDAPA 16.02.05)

Payment for medical services (if available) will only be available to those individuals who are not eligible for Medicaid, Medicare, or any other public or private insurance program¹.

NOTE: Clients *must* access employer-provided health insurance if eligible.

Private Insurance Coverage:

Clients may be eligible for ADAP if they have private insurance coverage that includes an annual cap on medications coverage, and they have reached that cap.

Income:

Income means gross monthly income before deductions. Income includes the following:

- 1) Monetary compensation for services, including wages, salary, commission or fees
- 2) Net income from farm and on-farm self-employment
- 3) Unemployment insurance compensation
- 4) Government civilian employee or military retirement or pension, including veteran's payments
- 5) Private pensions or annuities
- 6) Alimony or child support payments
- 7) Regular contributions from persons not living in the household
- 8) Net royalties
- 9) Social Security benefits
- 10) Dividends or interest on savings or bonds, income from estates or trusts or net rental income
- 11) Public assistance or welfare payments (not including Food Stamps or WIC)
- 12) Other cash income received or withdrawn from any source including savings, investments, trust accounts, or other resources

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¹⁾ The Ryan White Program does not pay the premium or deductible payment for clients who have Medicaid, Medicare, or any public or private insurance.

Additional Requirements:

- 1) Client must complete an intake process through a Ryan White service provider and must provide updated information annually to ensure continued eligibility.
- 2) Clients must keep their case manager informed whenever there is a change in income or insurance coverage.
- 3) Clients must sign applicable consent for service forms and privacy/security agreements as required.
- 4) Clients who intentionally provide information which is misleading or fraudulent for the purposes of obtaining benefits through RWPB funding may be immediately removed from the participation in the program with the possibility of legal action taken.

2. Client Relocation

A client may choose their preferred agency for RWPB services. A client may either move to another health district or travel to another health district for services.

3. Client Rights

MCM must provide client with the Rights and Responsibilities form during the initial intake and the annual recertification.

HIV Medical Case Management clients have the following rights:

- To be treated with respect, dignity, consideration, and compassion.
- To receive case management services free of discrimination on the basis of race, color, sex/gender, ethnicity, national origin, religion, age, class, sexual orientation, physical or mental ability.
- To participate in creating a plan for medical case management services.
- To be informed about services and options available to you.
- To reach an agreement with your case manager about the frequency of contact you have either in person or over the phone.
- To withdraw your voluntary consent to participate in case management, but you will no longer be eligible for RWPB services.
- To have your medical records and case management records be treated confidentially.

- To have information released only in the following circumstances:
 - When you sign a written release of information
 - When there is a medical emergency
 - When a clear and immediate danger to you or others exist
 - When there is possible child or elder abuse
 - When ordered by a court of law
- To file a grievance about services you are receiving or denial of services.
- To be free from physical, sexual, verbal and/or emotional abuse or threats.

4. Client Responsibilities

MCM must provide client with the Rights and Responsibilities form during the initial intake and the annual recertification.

Please refer to agency policies and procedures for workplace safety guidance.

HIV Medical Case Management clients have the following responsibilities:

- To treat other clients and staff of this agency with respect and courtesy.
- To protect the confidentiality of other clients you encounter at this agency or in public.
- To participate as much as you are able in creating a plan for medical case management.
- To let your case manager know any concerns you have about your care plan or changes in your needs.
- To make and keep appointments to the best of your ability, or if possible, call agency to cancel or change an appointment time.
- To stay in communication with your case manager by informing him/her of changes in your address or phone number, income and insurance coverage and respond to the case manager's calls or letters to the best of your ability. (Failure to inform your medical case manager of changes may constitute being dropped from case management.)
- This program involves the receipt of federal and/or state funds; any person supplying false information may be subject to state and/or federal criminal prosecution, which may result in fines, imprisonment, or both. Additionally, there will be an immediate six-month suspension from RWPB Programs and ADAP.
- To not subject agency personnel and other clients to physical, sexual, verbal and/or emotional abuse or threats during your case management time.

5. Statewide Client Grievance Policy

Each agency's consumer grievance policy must be posted in a visible location. Agency staff must make clients aware of this policy during the intake and annual recertification process (clients initial the intake).

The Idaho RWPB Program is committed to assuring that no infringement of a client's rights occurs at an agency funded by the program, at any time, and that there is an established procedure for addressing problems or complaints that clients may have. To that end, this policy has been developed to assure that clients participating in HIV Medical Case Management (MCM) have the opportunity to voice their concerns or receive additional problem-solving assistance, if needed.

Step 1:

It is the best interest of all parties to attempt to resolve any conflicts or grievances between the MCM and client (or other designated authority) to help maintain the relationship. MCM must document this interaction in the client's case notes.

In the event that the client concerns and grievances are not able to be resolved, the MCM should direct the client to follow their agency's grievance protocol.

Step 2:

Once the client has completed the agency's grievance protocol and the client is still not satisfied with the resolution, it is incumbent upon the agency supervising body to direct the client to the contact the Idaho Department of Health and Welfare, Family Planning, STD and HIV Programs, RWPB/ADAP Coordinator. The RWPB/ADAP Program Coordinator will request the following:

- Completed Problem-Solving Request Form (from the client)
- Agency documentation of the attempts to resolve the conflicts or concerns

The RWPB/ADAP Program Coordinator (or designated authority) will review the documentation and attempt to find a resolution. If no resolution is amenable to all involved parties, the client will be provided a choice to change providers.

Timeline:

The RWPB/ADAP Program Coordinator (or designated authority) will respond to the client within ten (10) business days to schedule an interview or meeting. A final resolution will be made within forty-five (45) days of the receipt of the Idaho RWPB Programs Problem Solving Form.

6. Confidentiality

- 1) The RWPB program and contractors are required to follow Health Insurance Portability and Accountability Act (HIPPA) guidelines.
- 2) The RWPB program and contractors must ensure that procedural safeguards are followed in confidentiality requirements according to IDAPA 16.05.01, Use and Disclosure of Department Records.
- 3) No information should be released without a current signed Release of Information form giving permission to release specific information to the requestor.

7. Idaho Ryan White Medical Case Management Intake and Eligibility Determination Form

NOTE: Intake and Eligibility Determination form and the Release of Information form must be sent to the state office within two (2) business days of completion.

The Intake and Eligibility Determination form (available from Family Planning, STD and HIV Programs at www.safesex.idaho.gov) must be complete for a client to be eligible for RWPB services. This form is to be completed, with the client, by the Medical Case Manager (MCM) or designated alternate staff.

8. Idaho Ryan White Medical Case Management Assessment

The Assessment is to be completed by the MCM for each new client upon intake. For existing clients, the MCM Assessment must be completed annually for each client at time of recertification.

9. Idaho Ryan White Medical Case Management Assessment Summary

The Summary is to be completed by MCM during any new intake and annual assessment. The Summary is intended to go client's medical provider upon first visit or visit following annual recertification process as an information tool. The Summary is intended to document client's presenting issues to be addressed on the Wellness Plan and potentially by other providers.

10. Idaho Ryan White Medical Case Management Wellness Plan

The Wellness Plan is designed as a tool to be used by MCMs and clients to help set and accomplish goals. The goals are based on the results of the Assessment as indicated in the Summary. The Wellness Plan is to be completed by MCM during any new intake and annual assessment.

Section goals are meant to be overarching goals attempting to include the needs identified in the corresponding section of the Assessment. Tasks and steps are ways to break the goal into achievable action steps.

11. Idaho Ryan Medical Case Management Wellness Plan Update

The Wellness Plan Update is designed as a tool to be used by MCMs and clients to help set and accomplish updated goals. The Wellness Plan Update is to be completed by MCMs as needed.

12. Idaho Ryan White Medical Case Management Adherence Follow-Up Assessment

The Modified Morisky Scale (MMS)² is scale is to be used to follow up every three to six months *after* the assessment has been completed. Additionally, the MMS is to be completed during the recertification process. *To be completed by MCM at two-month intervals or as determined appropriate.*

13. Termination and Discharge Planning

Each medical case management situation may reach a point where services are no longer required or appropriate for a variety of circumstances. Case file closure, service termination and/or discharge planning procedures may be initiated under the following circumstances:

- 1) The client moves out of MCM agency service area
- 2) The client declines continued medical case management services
- 3) The client is no longer eligible to receive services based on the program guidelines (see *Client Eligibility in Section II*)
- 4) The client remains out of contact and unable to locate for longer than 180 days

Morisky DE, Levine DM, Greene LW, Shapiro S, Russell RP, Smith CR. Five-Year Blood Pressure Control and Mortality Following Health Education for Hypertensive Patients. *American Journal of Public Health*.
 RWPB/ADAP FY 2012 Policies Manual

- 5) The client refuses to adhere to the agency or program's conduct guidelines (see *Client Responsibilities in Section II*)
 - a) If the client has a diagnosed mental health or substance abuse issue that is not being addressed (many times that may be the case) and is threatening and abusive, the client may be required to obtain proper mental health care and adhere to the plan of care. If client does not follow through and continues to be abusive, they will be subject to termination from the program until such time as they comply.
 - b) If the client has no documented mental health or substance abuse issues, ADAP or MCM services may request the client have an evaluation and follow the recommendations of that evaluation. Again, if the client refuses to comply, then they are subject to termination from the program.
 - c) If neither of these situations apply, a client may be provided a written warning, stating that their behavior is not acceptable and the potential consequences to their involvement in the program. Additionally, the client will be reacquainted with the Clients Rights and Responsibilities document, informed of the agency (or state) grievance procedures and encouraged to use that process for their concerns. If the behavior continues, they will be terminated from the program for up to twelve months.
 - d) Depending upon the severity of the behavior or threat, the client may be immediately terminated from the program.
- 6) The client does not provide required documentation
- 7) The client does not complete annual or six-month recertification
- 8) The client dies

In situations where the client declines Medical Case Management services or is determined to be no longer eligible the medical case manager must make reasonable efforts to provide appropriate referrals to other available services, including alternate Medical Case Management providers, if appropriate, to ensure the continuum of care for the individual. Reasonable efforts are to include making phone calls and sending letters from the Medical Case Management agency. Ultimately, the Medical Case Management agency is to make final attempt of contact by sending a certified letter to the last known address of the client.

SECTION III: CLIENT RECERTIFICATION

1. Annual Recertification

Annual recertification needs to be completed once every twelve months in the same month of the intake date. If the recertification is completed earlier or later than the month it is due, the annual recertification (month) will not change. There is a grace period of fifteen (15) days from the end of the recertification month.

<u>Client Responsibility:</u> If the case is closed due to late submission of a recertification, client may reapply for services.

2. Six-Month Recertification

Recertification needs to be completed every six months. The first recertification is due six months from the intake date. The six-month recertification is primarily to update income and insurance status information. The yearly recertification is due the same month of the intake month. There is a grace period of fifteen (15) days from the end of the recertification month.

<u>Client Responsibility:</u> If the case is closed due to late submission of a recertification, client may reapply for services. In situations where there is a waitlist, the client would move to the end of that list.

SECTION IV: ADMINISTRATIVE POLICIES

1. Medical Case Management Contracts: Time and Billing

Idaho RWPB funding is made available to contractors who provide the program activities. The RWPB Federal Fiscal Year (FFY) begins April 1 and ends March 31. Contracts for services to be provided, and payment for those services, are negotiated by staff of Family Planning, STD and HIV Programs (FPSHP) with provider agencies staff at least once during the RWPB fiscal year. Negotiation proceedings and timing of those proceeding vary depending upon the agencies involved. Idaho Department of Health and Welfare (IDHW) requires bidding processes that occur every three to four years. The bidding or request for proposal procedures vary depending upon services requested, amounts of the contract, and a number of other IDHW Administration Rules.

2. Idaho HIV Quality Management Plan

The Idaho HIV Quality Management Plan is included in the Medical Case Management Manual. It is also available online at http://www.mtnstatesgroup.org/IACHA.htm. The HIV QM Plan is updated annually following the QM Committee meeting (usually held in February of each year).

The role of the MCM in the HIV QM Plan is as follows:

- 1) Review QM Plan annually
 - a. Review measures
 - b. Review QI projects
- 2) Review past data
- 3) Accurately enter lab data into CAREWare
- 4) Engage in ongoing communication with RWPB staff and the QM Coordinator to discuss data related issues
- 5) Participate in Quality Improvement projects as assigned

3. Idaho Ryan White Medical Case Management Forms, Policies and Procedures

RWPB Medical Case Management forms are subject to change; which may require changes to policies and procedures. It is vital to standardized case management programs that all entities using these documents: are kept abreast of changes, have access to the most recent versions of documents, and ensure the use of the most current versions. Form updates will occur annually unless significant program changes are required.

4. Payer of Last Resort

Federal Payer of Last Resort policies were introduced in the 1990 authorization of the CARE Act and are found in Parts A thru F of the legislation. The policy states "CARE Act grant funds cannot be used to make payments for any item or service if payment has been made, or can reasonably be expected to be made, with respect to that item or service under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or by an entity that provides prepaid health care". This portion of the legislation has remained through the reauthorization processes culminating with the RW Treatment Modernization Act of 2006 generating the following:

HRSA HAB Policy Notice -08-01: The Use of Ryan White HIV/AIDS Program Funds for Housing Referral Services and Short-term or Emergency Housing Needs. The Ryan White HIV/AIDS Program must be the payer of last resort. In addition, funds received under the Ryan White HIV/AIDS Program must be used to supplement but not supplant funds currently being used from local, State, and Federal agency programs. Grantees must be capable of providing the HIV/AIDS Bureau (HAB) with documentation related to the use of funds as payer of last resort and the coordination of such funds with other local, State, and Federal funds.

If clients have access to private insurance through their employer, they must apply.

5. Agency Reimbursable Services

Emergency Financial Assistance:

Emergency Finance Assistance is the provision of short-term payments to agencies or the establishment of voucher programs to assist with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), and medication, when other resources are not available.

RW Part B will reimburse for expenditures under this category with the following restrictions:

- 1) "Short Term" is defined as no more than three months (90 days)
- 2) Funding may **not** be used to pay for insurance co-pays for medications
- 3) "Essential utilities" is defined as power, water, heat and phone
- 4) RWPB funds will only cover 75% of any one eligible charge

Medical Transportation:

Medical Transportation is an allowable support service under the Ryan White HIV/AIDS Program. Funds may be used to provide transportation services for an eligible individual to access HIV-related health services, including services needed to maintain the client in HIV/AIDS medical care. Transportation should be provided through:

- 1) A contract(s) with a provider(s) of such services;
- 2) Voucher or token systems;
- 3) Mileage reimbursement that enables individuals to travel to needed medical or other support services may be supported with Ryan White HIV/AIDS Program funds; but should not in any case exceed the established rates for Federal Programs. Federal Joint Travel Regulations provide further guidance on this subject.
- 4) Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed); or
- 5) Purchase or lease of organizational vehicles for client transportation programs.

Maintenance of Privately Owned Vehicles: Funds awarded under the Ryan White HIV/AIDS Program may NOT be used for direct maintenance expense (tires, repairs, etc.) of a privately owned vehicle or any other costs associated with a vehicle, such as lease or loan payments, insurance, or license and registration fees. This restriction does not apply to vehicles operated by organizations for program purposes.

6. Site Visits

The FPSHP will conduct site visits every two (2) years to assist the Contractor with program improvements. Contract requirements will be reviewed, and random charts may be audited, to assist program staff in monitoring the consistency and quality of services rendered. Site visits will be coordinated with the Contractor's clinic schedule(s). The Contractor will allow the FPSHP staff to observe delivery of RWPB services during scheduled site visits and will ensure that staff who fulfill the Scope of Work program activities are in attendance for the site visit. A written report of the site review findings will be provided to the Contractor within thirty days. Follow-up action to the recommendations made in the site visit report will be performed by the Contractor as stipulated in the report.

1. Lab Orders for Uninsured Clients

Idaho RWPB Program sets aside funding for uninsured individuals on ADAP or on the ADAP wait list to provide for HIV monitoring and diagnostic labs. RWPB Program has a contract with the Wellness Center/Pocatello Family Medicine to oversee eligibility, lab orders, and payment.

2. Lab Orders for Insured Clients

RWPB does *not* pay for Outpatient Ambulatory Medical Care visits or co-pays, including HIV monitoring and diagnostic lab work.

If client is insured through Medicaid, Medicare or private insurance, they must go to an "innetwork" provider to avoid additional co-pays.

3. Tracking Client Diagnostic, Monitoring and Screening Labs

MCMs are responsible for tracking lab results by entering the information into CAREWare. This includes clients seen by private providers, Part C clinics, and other public or private entities.

SECTION VI: AIDS DRUG ASSISTANCE PROGRAM (ADAP)

1. Idaho ADAP Programs

In the State of Idaho, the AIDS Drug Assistance Program (ADAP) provides eligible Idahoans access to the prescription medication needed to manage and treat HIV. The RWPB Programs follows the federal guidelines, Section 2617 (b) (6) (F) of the Ryan White CARE Act when providing the AIDS Drug Assistance Program (ADAP).

States are required to "ensure that grant funds are not utilized to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service (i) under any State compensation program, under an insurance policy, or under any Federal or State health benefits program" (from federal policy cited above.)

2. ADAP Non-Adherence

- 1) Active participation in ADAP is defined as consistent ordering patterns with no gaps for more than two months without written notice from the prescribing authority.
- 2) Participants will be removed from ADAP, if the program has not received orders for two consecutive months from the prescribing authority. Exceptions to removal from ADAP are listed below:
 - a. Under the advice and consultation of a physician, formulary medications are temporarily discontinued.
 - b. A copy of an Idaho ADAP Order Form with the prescribing physician's orders and signature constitutes proof of the temporary medication holiday. The ADAP state office must receive proof of the temporary discontinuation of formulary medications within forty-five days of the due date of the missed order.
- 3) The intent of this exception policy is to allow for situations in which ADAP participants have discontinued their ARVs under the advice and consultation of their physician. This exception allows the physician time to perform a review of medications along with any testing, such as phenotype and/or genotype to select an effective combination of ARV.
- 4) Once deactivated, the client will have to reapply for service. (If a waiting list situation exists, these clients would be put on the waitlist).

3. ADAP Waiting List

During times when there is a need for a waiting list for eligible ADAP participants, clients will be served on a first, come first serve approach with the following stipulations:

- 1) The State HIV Medical Director is consulted in cases where a "medical need" may arise that could affect the person's position on the wait list.
- 2) Form letters are sent to clients Part B or C Medical Case Managers and prescribing physicians notifying them that while their client is eligible for ADAP, we are in a wait list situation and the clients name will be added to the list.
- 3) This letter serves to notify all parties that the client is on the wait list and additionally serves as proof to pharmaceutical companies that the client cannot be served by Idaho ADAP; which may assist in determining eligibility for prescription assistance through the appropriate pharmaceutical companies.

Waiting List Exceptions:

- 1) In cases where cases where a medical need may affect the client's position on a wait list, the following resources and protocols may be used for determining need:
 - a. Our states NWAETC local performance site, located in Boise, may have funding that can provide for to consult time with a client's prescribing physician.
 - b. Based upon the results of that consult, the Idaho HIV Medical Director may determine where the client is to be placed on the current wait list.
- Individual requesting ADAP services has been determined as undocumented and therefore not eligible for pharmaceutical patience assistance programs or any other federal or state pharmaceutical assistance.
- 3) Individuals incarcerated in county-level jails may be eligible for ADAP with status updates every month and recertification completed every six (6) months.

For clients on the wait list in need of HIV monitoring labs, RPWB will pay for HIV related lab work provided a client has been placed upon the wait list and client has met all RWPB/ADAP eligibility requirements.

4. Ordering ADAP Medications

U.S. Department of Health and Human Services (HRSA) Guidelines:

The current statute requires that all States/Territories determine the formularies from the list of core classes of antiretroviral medications established by the Secretary (for more information, please refer to Section 2616(c)(1) of the PHS Act). The core classes include the following:

- 1) Multi-Class Drugs
 - a. Atripla
 - b. Complera
- 2) Neucleoside/Neocleotide Reverse Transcriptase Inhibitors (NNRTI)
 - a. Combivir
 - b. Endurant
 - c. Epivir
 - d. Epzicom
 - e. Retrovir
 - f. Trizivir
 - g. Truvada
 - h. Videx
 - i. Viread
 - j. Zerit
 - k. Ziagen
 - 1. Hivid (not on Idaho's ADAP Formulary; not used very often)
- 3) Non Necleoside Reverse Transcriptase Inhibitors (NNRTI)
 - a. Intelence
 - b. Rescriptor (not on Idaho's ADAP Formulary; not used very often)
 - c. Sustiva
 - d. Viramune
- 4) Protease Inhibitors (PIs)
 - a. Aptivus
 - b. Crixivan
 - c. Invirase (not on Idaho's ADAP Formulary; not used very often)
 - d. Kaletra
 - e. Lexiva
 - f. Norvir
 - g. Prezista
 - h. Reyataz
 - i. Viracept
- 5) Entry Inhibitors
 - a. Fuzeon
 - b. Selzentry

- 6) Integrase Inhibitors
 - a. Isentress
- 7) Opportunistic Infection Meds (OI's)
 - a. Azithromax
 - b. Biaxin XL
 - c. Dapsone
 - d. Famciclovir
 - e. TMP/SMZ/DS
 - f. Valtrex
 - g. Zithromax

Ordering Medications:

The person responsible for ordering medications (this position varies district by district) must complete the Idaho ADAP Order Form and submit it to the FPSHP Data Coordinator. When completing the Form, do not make any changes to the listed medications, dosages or strengths.

ADAP orders must be submitted at least 20 days apart. For special circumstances, please contact the FPSHP Data Coordinator.

Adding to the Idaho ADAP Formulary:

New antiretroviral medications (ARVs) and new Opportunistic Infection medications are added routinely to the Idaho ADAP Formulary. However, it may take time for the State to update the actual form. Prior to updating the form, the new medications and/or dosages will be available and may be requested. Communication with the State is crucial as it may take up to two weeks for the pharmacy services provider to make changes to the pre-approved formulary. When requesting a new medication or dosage, contact the FPSHP Data Coordinator prior to submitting an order; *do not just submit an altered ADAP Order Form*.

Special Orders:

Changes to the Formulary will be determined on a case by case basis. The person responsible for placing ADAP orders will need to contact the FPSHP Data Coordinator to arrange for such changes.

Shipping Address Changes:

It may take up to 48 hours for the pharmacy services provider to update a shipping address. The shipping address must be updated prior to submitting an order. Please plan accordingly.

5. ADAP Medications Replacement

Idaho ADAP will replace lost medications once in a twelve-month period.

Idaho ADAP will replace stolen medications as long as a police report is filed and a copy of the report is sent to the Idaho ADAP Program.

6. ADAP Clients Temporarily Leaving Idaho

ADAP scripts allow for at most sixty days of medication. ADAP will only provide up to sixty days of medication in advance.

7. ADAP Clients Moving Out of Idaho

ADAP scripts allow for at most sixty days of medication. ADAP will only provide up to sixty days of medication in advance.

8. Idaho State Prescription Assistance Program: IDAGAP

In an effort to ensure continued access to the prescription medication needed to manage and treat HIV, Idaho's RWPB Program created an HIV+ only State Prescription Assistance Program (SPAP) called IDAGAP. In this program, Idaho State general funds dedicated to ADAP, may be utilized for the payment of Medicare Part D Insurance co-pays and coverage gap (Donut Hole) payments for ADAP eligible clients who are enrolled in an Idaho Medicare Part D Drug Plan in accordance with the following requirements:

Eligibility:

- 1) Must be Idaho resident
- 2) Must be HIV positive
- 3) Must be eligible for Medicare
- 4) Must be enrolled in Medicare Part D Prescription Drug Plan
- 5) Please call Medicare at (800) 633-4227 or visit their website at: www.medicare.gov for information regarding Medicare Part D drug plans)
- 6) Must have income between 151% to 200% of Federal Poverty Level
- 7) If client is eligible for Low Income Assistance (LIS), they are eligible for IDAGAP
- 8) Must be participating in an Idaho HIV Medical Case Management Program

Benefits of IDAGAP:

- 1) IDAGAP works with all Idaho Medicare Part D Plans
- 2) IDAGAP uses the formulary of the Medicare Part D plans. Any drug covered by a member's Medicare Drug plan will also be covered by IDAGAP
- 3) IDAGAP will pay co-pay and coverage gap amounts until such time as individual reaches the Catastrophic Coverage Portion of the Part D Plan
- 4) IDAGAP will not pay premiums
- 5) IDAGAP assistance will cease when the Catastrophic Coverage Portion of Part D Plan is reached
- 6) Medicare Part D excludible drugs are not covered by IDAGAP.

APPENDEX

1. Where to Find HIV/AIDS and Hepatitis Resource Directory

- 1) Go to the safesex.idaho.gov site
- 2) Click on "HIV and AIDS" icon
- 3) Click on the link to Community Resource Guide on the right side of the screen

2. Adherence Support Materials

- 1) MCMs may wish to use a pill sheet to help clients identify when and how to take medications. For an example, go to http://www.ahrq.gov/qual/pillcard/pillcard.htm
- 2) For HIV treatment guidelines, go to http://www.aidsinfo.nih.gov/guidelines/

3. HIV/AIDS Informational Websites

- 1) http://hab.hrsa.gov/index.html
- 2) http://www.thebody.com